

Changes in maternity care improve breastfeeding outcomes.

CDC's mPINC Reports have what you need to understand and improve care across Connecticut:

- 2015 survey scores and ranks
- Action ideas to improve outcomes
- Trends across all mPINC surveys:

New! — **TOTAL SCORES** averaging all hospitals' scores

- **POLICIES** for staff training and infant feeding care
- **PRACTICES** in supplementing breastfed infants
- **PROTOCOLS** for support after discharge to home

What is mPINC?

mPINC is CDC's national survey of maternity practices in infant nutrition and care.

What does mPINC measure?

Survey questions measure infant feeding care practices, policies, and staffing expectations in place at hospitals that provide maternity services.

Who is included in mPINC surveys?

Every other year, CDC invites all maternity hospitals* nationwide to participate in mPINC. In 2015, **85%** of eligible Connecticut hospitals took part. (n=23)

* In states with free-standing birth centers, this includes hospitals and birth centers.

Compare **TOTAL SCORES** from 2007 through 2015:

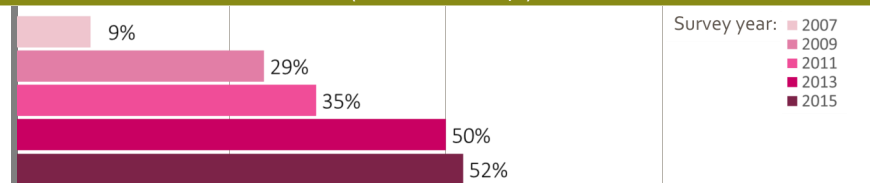


Examine **IDEAL RESPONSES TO SELECTED ITEMS** in Connecticut hospitals for 2007–2015:

Percentage of Connecticut hospitals with ideal responses (2007–2015 surveys)

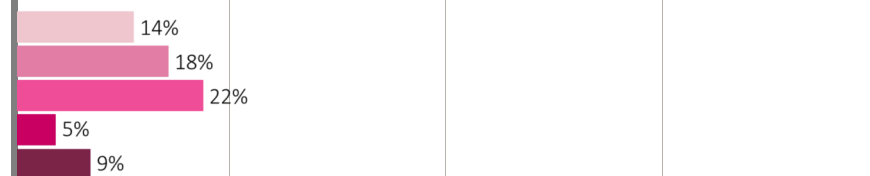
Complete Hospital Policies:

Hospital breastfeeding policy includes all 10 model policy elements. (in *Structural & Organizational Aspects of Care Delivery*)



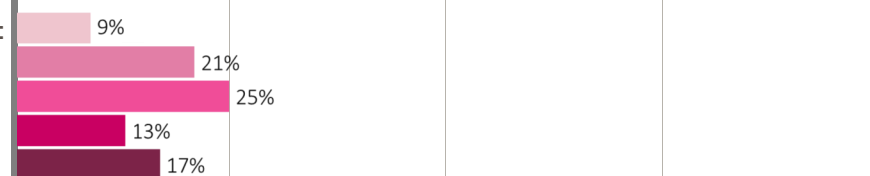
Appropriate Feeding Practices:

Supplemental feedings to breastfeeding infants are rare. (in *Feeding of Breastfed Infants*)



Adequate Discharge Protocols:

Hospital provides appropriate discharge planning (referrals & other multi-modal support). (in *Hospital Discharge Care*)



Make mPINC work for you.

Use your mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Total SCORE* **83**
(out of 100)

Overall RANK** **10th**
(out of 53)

USE THESE RESULTS.

Action ideas:

Use your mPINC summary data to:

→ **Help** hospitals meet Joint Commission Perinatal Care Core Measure breastfeeding requirements.

→ **Ensure** hospital staff across Connecticut are trained in infant feeding care.

→ **Celebrate** the 10 Baby-Friendly hospitals in Connecticut and show how to use mPINC to work toward Baby-Friendly designation.

Learn how mPINC works.

See questionnaires, past survey results, and read about mPINC.

→ Go to www.cdc.gov/mpinc or

→ Scan this code:



mPINC Care Dimensions

Ideal response to each care dimension item

Percentage of hospitals with ideal response **Care Dimension SUBSCORES**

Labor and Delivery Care **91**

Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	91%
Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	82%
Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	83%
Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	82%
Routine procedures are performed skin-to-skin	70%

Feeding of Breastfed Infants **89**

Initial feeding is breast milk (vaginal births)	91%
Initial feeding is breast milk (cesarean births)	96%
Supplemental feedings to breastfeeding infants are rare†	9%
Water and glucose water are not used	100%

Breastfeeding Assistance **92**

Infant feeding decision is documented in the patient chart	100%
Staff provide breastfeeding advice & instructions to patients	100%
Staff teach breastfeeding cues to patients	96%
Staff teach patients not to limit suckling time	77%
Staff directly observe & assess breastfeeding	100%
Staff use a standard feeding assessment tool	83%
Staff rarely provide pacifiers to breastfeeding infants	48%

Contact Between Mother and Infant **83**

Mother-infant pairs are not separated for postpartum transition	91%
Mother-infant pairs room-in at night	74%
Mother-infant pairs are not separated during the hospital stay	48%
Infant procedures, assessment, & care are in the patient room	5%
Non-rooming-in infants are brought to mothers at night for feeding	81%

Hospital Discharge Care **66**

Staff provide appropriate discharge planning† (referrals & other multi-modal support)	17%
Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	91%

Staff Training **71**

New staff receive appropriate breastfeeding education	29%
Current staff receive appropriate breastfeeding education	14%
Staff received breastfeeding education in the past year	82%
Competency assessment in bf management & support is at least annual	78%

Structural & Organizational Aspects of Care Delivery **86**

Breastfeeding policy includes all 10 model policy elements†	52%
Breastfeeding policy is effectively communicated	96%
Facility documents infant feeding rates in patient population	78%
Facility provides breastfeeding support to employees	91%
Facility does not receive infant formula free of charge	57%
Breastfeeding is included in prenatal patient education	100%
Facility has a designated staff member who coordinates lactation care	86%

* Scores range from 0 to 100 for each item, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Total Score" is made up of subscores for practices in each of 7 dimensions of care.

**Ranks range from 1 to 53; 1 is the highest rank. In case of a tie, both are given the same rank.

† Key items highlighted on page 1.

Suggested Citation:

Centers for Disease Control and Prevention. Connecticut 2015 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. September 2016.